

Entered - 12/06/00 - sb

00-*R*-1043

CL99L0835 - DIANNE C. MITCHELL

CLAIM OF: PAIGE M. JONES

2100 Defoors Crossing

Apt. 1019

Atlanta, Georgia 30318

For damages alleged to have been sustained as a result of a vehicular accident on September 22, 1999 at Ashby Street and Drummond Street.

THIS ADVERSED REPORT IS  
APPROVED

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

ADVERSED REPORT CONSENT AGENDA

ADVERSED BY JUL 17 2000  
CITY COUNCIL

COM \_\_\_\_\_

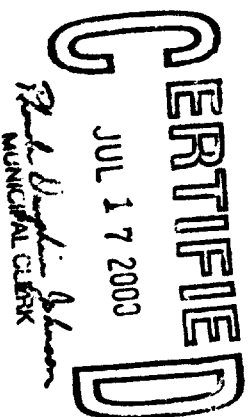
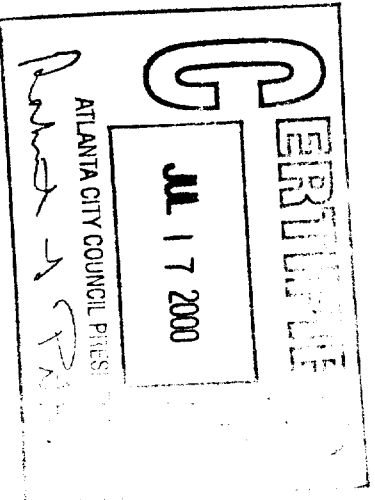
DATE \_\_\_\_\_

BY: *E. T. Manton*

*[Signature]*

*[Signature]*

*[Signature]*





## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6033  
FAX (404) 658-6103

July 28, 2000

Paige M. Jones  
2100 Defoors Crossing  
Apartment 1019  
Atlanta, GA 30318

00-R-1043

Dear Ms. Jones:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0835

Date: June 26 2000

Claimant /Victim PAIGE M. JONES  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 2100 Defoors Crossing, Apt. 1019, Atlanta, Georgia 30318  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 2,211.19 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 11/24/99 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_  
Date of Occurrence 09/22/99 Place: Ashby Street and Drummond Street  
Department Fire Division: \_\_\_\_\_  
Employee involved Anthony Lee Davis Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges her vehicle was damaged when she was involved in a vehicular accident with a City Fire vehicle. After attempting to contact the claimant it has been discovered that she has moved and left no forwarding address. A diligent effort has been made to locate the claimant to no avail.

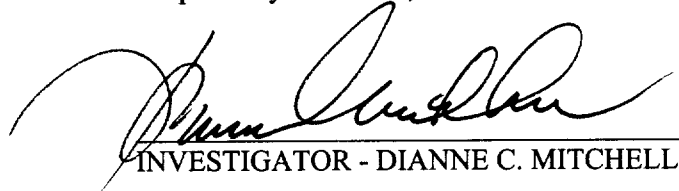
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report X Other \_\_\_\_\_  
Traffic citations issued: City Driver X Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

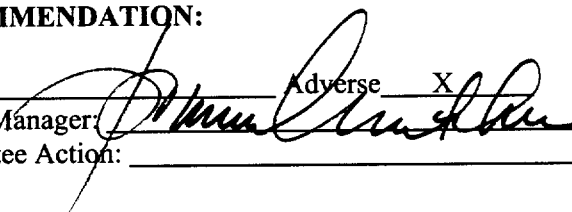
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned X

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 06-26-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
68 Mitchell Street, S.W.  
Atlanta, GA 30335

RE: CLAIM OR DAMAGES

Reeves  
12/02/99

TODAY'S DATE: 11/16/99

Dear Sir:

ENTERED - 12-6-99 - SB

99L0835 - MIKE REEVES

This is to notify the City of Atlanta that I have suffered damages in the sum of \$2211.17 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 9-22-99 (month day year)
2. Police called ☒ (yes) ☐ (No)
3. Location of incident: Ashby and Drummond
4. Name of your insurance company: State farm Policy #:
5. State what and how incident occurred: The fire truck failed to see the car in its right hand lane when proceeding to make a right hand turn

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. (use other side if necessary)  
FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages.  
Complete the following and attached two (2) estimates of repair.

Your vehicle: Goldada Civic 99 FC86037 Walter Abrams  
(make) (year) (tag) (driver's name)

City vehicle: Fire Department  
(make) (driver's name) (department)

8. Witness: Dennis Wells 740-486-0424  
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Prige M. Jones (SEAL)  
(claimant)  
2100 DeLores Crossing Apt. 1019  
(address)  
Atlanta GA 30067 30318  
(city) (state) (zip)  
(773) 233-6522 (678) 237-0620  
(home) (phone) (work)